

KENTUCKY TRANSITIONS SCREENING TOOL (KTST)

MFP 12/18/07

Resident Name: _____

Review Date: _____

RT: _____

MAID # (Required): _____

Review Date: _____

ST: _____

6 Month Requirement Met: _____ Yes _____ No

Acuity Determination: _____ Date: _____

Information shall be gathered through assessment/observation/interview of the resident, nursing facility staff interviews, and clinical record review. Special attention should be made to documentation within the past 30 days and any recent updates to the MDS.

	Level 1	Level 2	Level 3
BED MOBILITY	Independent/standby assist or non-weight bearing assist to move from one position to another 2-3 x wk <input type="checkbox"/>	Requires physical help of one person 4-5 x wk	Requires physical help of 2 or more persons 6-7 x wk
TRANSFER	Independent/standby assist or non-weight bearing assist to move to/from surfaces 2-3 x wk <input type="checkbox"/>	Requires physical help of one person 4-5 x wk	Requires physical help of 2 or more persons 6-7 x wk
EATING/ FEEDING	Independent after setup help and/or oversight, encouragement or cueing 2-3 x week <input type="checkbox"/>	Requires physical help of one person 4-5 x wk	Requires physical help of 2 or more persons 6-7 x wk
TOILET USE	Independent/occasionally incontinent requiring physical help 2-3 x wk <input type="checkbox"/>	Requires physical help of one person 4-5 x wk	Requires physical help of 2 or more persons 6-7 x wk
PERSONAL HYGIENE	Independent/supervision in care, but requires physical help with bathing, dressing &/or grooming 2-3 x wk <input type="checkbox"/>	Requires physical help of one person 4-5 x wk	Requires physical help of 2 or more persons 6-7 x wk
COGNITION/ BEHAVIOR	No problems <input type="checkbox"/>	Decisions poor (e.g., cues & supervision required)/ Behavior indicators present but easily altered.	Severely impaired (e.g., never or rarely makes decisions)/ Behavior indicators present & not easily altered.)
MEDICAL CONDITION	Stable with routine medical/nursing monitoring and care. <input type="checkbox"/>	Requires frequent monitoring to maintain stability (e.g., unstable hypertension needing frequent assessment and medication adjustment).	Requires intense professional intervention to maintain stability (e.g., unstable diabetes, coma, terminal illness).
MEDICAL/ NURSING TREATMENTS	None/routine (e.g., ROM, injections, routine medication administration, routine catheter care). <input type="checkbox"/>	Requires skilled treatment in addition to routine medication administration (e.g., sterile dressings, new colostomy, etc.)	Requires intense professional intervention to provide skilled treatment 6-7 x wk (e.g., tracheotomy care, intravenous care N/G or G-Tube feedings, extensive decubitus ulcers, etc.)
MAKING SELF UNDERSTOOD/ UNDERSTANDS	No problems <input type="checkbox"/>	Usually understood (e.g., difficulty finding words)/ Usually understands (e.g., responds adequately to simple, direct communication)	Rarely/never understood. Rarely/never understands.

For ADLs: *Non-weight bearing assist means guided maneuvering of limbs.

*Physical help means weight bearing assist to complete tasks.